STATE OF MARYLAND—CERTIFICATE OF DEATH

06611

(182)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Mt Rockville 2nd No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Florence Allnutt

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem'l	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 8 - 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. non

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. non

10. Data deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Montgomery Co Md
(State or country)

FATHER

13. NAME David L Allnutt

14. BIRTHPLACE (city or town) Montgomery Co
(State or country) Md

MOTHER

15. MAIDEN NAME Florence L Nicholson

16. BIRTHPLACE (city or town) Montgomery Co
(State or country) Md

17. INFORMANT Florence L Allnutt
(Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Oak Date June 18, 1940
Gaithersburg Md

19. UNDERTAKER Roy W Barber
(Address) Gaithersburg Md

20. FILED 6-17, 1940 Faye Barnsley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 10:45 a m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of Importenca were as follows:

	Date of onset
a Asphyxiation - Suffocation	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diegnosis? Wes there en autopsy?

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 6/16, 1940

Where did injury occur? Home Mt Rockville Md
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of Injury Turned over on face & was

Nature of injury Suffocated

24. Wes diseesa or injury in any wey releted to occupetion of deceased?

If so, specify

(Signed) C E Hawkins Deputy Coroner M. D.

(Address) Rockville Md

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(92-E)

06612

Reg. Dist. No. 2-11

1. PLACE OF DEATH:
County: Montg Co,
City or town: Germantown. Md,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montg
City or town: Germantown Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna Mary Baker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 17th 1857

8. AGE: Years	Months	Days	If less than one day
1857 82	10	10	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House Keeping

11. Industry or business

FATHER 12. Name: Andrew Hull Baker
FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Ann Boland
MOTHER 15. Birthplace: Maryland

16. Informant: Sophia Baker
Address: Germantown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: june 29/40 (month) (day) (year)
Cemetery or crematory: St Rose Cemetary
Location: Clopper Md, Near Gaithersburg Md

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19. 40 June 28 (Date rec'd by registrar) Williams & Love Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27th 1940, at 3pm M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to June 27 1940
and that I last saw h- alive on June 27 1940

Immediate cause of death	DURATION
Clerotic Myocarditis (Mitral insufficiency)	15 yrs
Due to Acute arthritis in ado- lescence	?
Due to Myocardial insuffic- iency	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Neplix D. Mourse M.D
M. D. or other
Address: Damascus Md, Date signed: 6/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (77-2)

06613

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cedarcroft Sanitarium
Stay in hospital or inst. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days) "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Texas County Fort Bend
City or town Richmond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Otho Beamer

3. (b) Social Security Number None

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Eleanor Hedrick
6(c) If alive, give age 38 years
7. Birth date of deceased (mo., day, yr.) Aug. 25 1902
8. AGE: Years 37 Months 10 Days 4 If less than one day hrs. min.
9. Birthplace Gladewater Tex.
(Town, county, and state)
10. Usual occupation Osteopathic Physician
11. Industry or business
FATHER 12. Name John C. Beamer
13. Birthplace Longview Tex
MOTHER 14. Maiden name Annie Lane
15. Birthplace Longview Tex
16. Informant Wife
Address Richmond Texas
17. Removal (Burial, cremation, or removal. Which?) Date thereof 6/29/40 (month) (day) (year)
Cemetery or crematory Gladewater
Location ~~Washington Dc~~, Texas
18. Funeral director Jos F Hirdis Son
Address 3034 M St NW
19. 6/29/ 1940 (Date rec'd by registrar) Sallie B. Leibig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 9:03 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 29 1940, and that I last saw him alive on June 29 1940.
Immediate cause of death Toxic Psychosis
Due to Alcoholism
Due to
Other conditions Exhaustion
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard B. Thibadeau M.D. M. D. or other
Address 2012 R. St. NW Wash D.C. Date signed 6/29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County: Montgomery

City or town: Olney (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Olney - Mont. Co Gen Hosp -

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Sandy Spring County

City or town: Mont Co Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Charles F. Brooke

3. (b) Social Security Number: no

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Mar -

6 (b) Name of ~~husband~~ or wife: Corrie M. Brooke -

6 (c) If alive, give age: 86 years

7. Birth date of deceased (mo., day, yr.): May 4th 1850 -

8. AGE: Years: 90 Months: 1 Days: - If less than one day: - hrs. - min.

9. Birthplace: Sandy Spring Md - (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: retired -

FATHER

12. Name: Geo Brooke

13. Birthplace: Sandy Spring Md -

MOTHER

14. Maiden name: Eliza Jordan

15. Birthplace: Norfolk Va

16. Informant: Hosp Records

Address: Olney Md -

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 5 1940 (month) (day) (year)

Cemetery or crematory: Friends Meeting House

Location: Sandy Springs Md.

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring Md.

19. June 4 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 3rd 1940 6:08 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to June 3rd 1940 and that I last saw him alive on June 2nd 1940.

Immediate cause of death: Uremia - DURATION: 72 hrs

Due to

Due to

Other conditions: Lobar pneumonia (Include pregnancy within 3 months of death) Feb & Mar

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas C Tumbleson M. D. or other

Address: Sandy Spring Md Date signed: 6/3/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06614

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (83-a)

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg (Village) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Broschart

(a) Residence: No. Dushore, Pa. St., Ward. 3 Dept.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J. Broschart

6. DATE OF BIRTH (month, day, and year) Feb 28 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1864	76	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dushore, Pa.
(State or country)

FATHER

13. NAME Augustus Sick

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Frances Sallinger

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Theresa Yanney
(Address) 522 N. Paka St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Overton Pa. Date June 11, 1940

19. UNDERTAKER A. L. Eubach
(Address) Dushore Pa.

20. FILED June 8, 1940 Alveda L. Cooke, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 7, 19XX, to June 7, 19XX

I last saw h-- alive on June 7, 19XX; death is said to have occurred on the date stated above, at 10:40 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-7-XX
Other **Contributory Causes** of importance:	
Hypertension	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Broschart M. D.

(Address) Gaithersburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06615

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Nr. Woodfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Nr. Woodfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - Nr Woodfield
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: 4 Mo. Foetus - not named - Burns

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Single

6 (b) Name of husband or wife: None
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 19, 1940

8. AGE: Years | Months | Days | If less than one day: 4 mo | Foetus | Died at birth | hrs. | min.

9. Birthplace: Nr. Woodfield
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Wm. Oscar Burns
13. Birthplace: R.D. Gaithersburg, Md.

MOTHER
14. Maiden name: Mertie Virginia Duvall
15. Birthplace: Nr. Florence Howard Co. Md.

16. Informant: Wm. O. Burns
Address: R. D. Gaithersburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1940 (month) (day) (year)
Cemetery or crematory: Home Garden
Location: Nr. Woodfield, Md.

18. Funeral director: Wm. Burns for J. B. Beall & Son
Address: Damascus, Md.

19. June 20 1940 (Date rec'd by registrar) Della N Burdette Dept Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1940, to 19, and that I last saw him alive on June 19 1940.

Immediate cause of death: Unknown to me — 4 Mo. Foetus — | DURATION

Due to | DURATION

Due to | DURATION

Other conditions | DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George M. Boyer M. D. or other
Address: Damascus, Md. Date signed 6-20-40

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06616

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County Montgomery
City or town Near Rockville, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: County Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Near Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Burrows

3. (b) Social Security Number None

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	White	Single

8 (b) Name of husband or wife
8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 74 | Months — | Days — | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Basil Burrows
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Beason
15. Birthplace Maryland

16. Informant H. Burrows (brother)
Address Fay Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24/40 (month) (day) (year)
Cemetery or crematory Fay Hill Cemetery
Location Fay Hill, Md

18. Funeral director Warren E. Humphrey
Address Rockville, Md

19. 6-25-40 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1940, to June 24 1940, and that I last saw him alive on June 23 1940.

Immediate cause of death	DURATION
Cerebral Apoplexy	4 days
Due to	
Due to	
Other conditions Arterio-sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. U. Hartley, M.D. M. D. or other
Address Rockville, Md. Date signed June 24, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 06617

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46-B)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. 803 Greenwood Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whera death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Otillia Butler If U. S. Veteran, specify WAR

(a) Residence: No. 803 Greenwood Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowad, or divorcad HUSBAND of (or) WIFE of Boiles Butler

6. DATE OF BIRTH (month, day, and yaar) April 13, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	11	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Dete deceesad last worked at this occupation (month and yaar) April 1940

11. Total time (yeers) spent in this occupetion 48

12. BIRTHPLACE (city or town) Bavaria (State or country) Germany

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margret ??

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. William Tasker (son) (Address) 803 Greenwood Ave. Tk. Pk. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington Memorial Park Date June 25, 1940.

19. UNDERTAKER Arthur Butlers (Address) 254 Carroll St Takoma Park, D.C.

20. FILED June 24, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 24, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1940, to June 24, 1940

I last saw her alive on June 20, 1940; daath is said to have occurred on the deta steted above, at 10:45 A m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	?
Dther Contributary Causes of importance: Cancer of abdominal organs	?

Neme of operation Dete of

What test confirmed diegnosis? Was thare an autopsy? Yes

23. If deeth was due to external ceuses (VIDLENCE) fill in elso the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was diseese or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Wolfhagen M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

06618

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
100 E. Underwood St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 100 E. Underwood St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Thomas E. Carroll

3. (b) Social Security Number 578-05-6477

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche H. Carroll
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1872

8. AGE:

Years	Months	Days	If less than one day
67	5	28	____ hrs. ____ min.

9. Birthplace Malden, Mass.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Mrs. Mary C. Erb
Address 100 E. Underwood St., Chev. Md.
17. Remove (Burial, cremation, or removal? Which?) Date thereof June 14, 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Dist. of Col.
18. Funeral director The S. H. Hines Co.
Address 2901-14th St. N.W. Washington, D.C.
19. June 14 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1938 to June 29 1938
and that I last saw h-- alive on June 29 1938.

	DURATION
Immediate cause of death Acute Coronary Occlusion	30 min.
Due to Gen. Arteriosclerosis	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sidney A. Ransom M. D. or other
Address 3921 Livingston St. Date signed 6/14/40

RECEIVED
JUN 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

06619

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 4501 Middleton Lane, Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4501 Middleton Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Hattie Gordon Clark

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William D. Clark

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): December 31, 1869

8. AGE:

Years	Months	Days	If less than one day
70	5	29	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph F. Gordon
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Sarah Myers
15. Birthplace: Washington, D.C.

16. Informant: Mr. William D. Clark

Address: 4501 Middleton Lane, Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Road, Maryland

18. Funeral director: W. Reuben Trump Perry

Address: 7005 Wis. Ave. Bethesda Md.

19. July 1st 1940 (Date rec'd by registrar) B.C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30, 1940, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to June 30 1940, and that I last saw h[illegible] alive on June 30 1940.

Immediate cause of death	DURATION
Cerebral thrombosis	
Due to Cerebral arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: None done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: Charles L. Finnigan M.D. M. D. or other

Address: 2311 Conn. Ave. N.W. Date signed: 6/30/40

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06620

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 900 Corwin Drive

Stay in hospital or inst. (yrs., or mos., or days) Stillbirth

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Male child (premature) Collins

3. (b) Social Security Number _____

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: premature

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 29, 1940

8. AGE: Years | Months | Days | If less than one day _____ hrs. _____ min.

9. Birthplace 900 Corwin Drive
(Town, county, and state)
Silver Spring, Md.

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace _____

MOTHER
14. Maiden name Henrietta Collins
15. Birthplace _____

16. Informant Henrietta Collins

Address _____

17. Foetus taken by brother of mother for disposal — Dr. Ellicott's permission JMB
(Burial, cremation, or removal. Which?) Date thereof _____ (month) (day) (year)

Cemetery or crematory _____

Location _____

18. Funeral director _____

Address _____

19. 6/29/40 19 _____ Sallie B. Leibig
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Baby was born to when I _____ and that I last saw _____ alive on _____ 19 _____

Immediate cause of death Arrived — Stillbirth

About 6 months

Due to Gestation

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Marion Bankhead M. D. ~~or other~~

Address Silver Spring, Md. Date signed 6/29/40

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

06621

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery Co

City or town Silver Spring Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cedarcroft Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) 7 yrs. 7 mos.

Stay in this community (yrs., or mos., or days) 18 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 24 K. St. N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Maurice J. Collins

3. (b) Social Security Number no

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) — 1852

8. AGE: Years 88 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Maurice Collins

13. Birthplace Ireland

MOTHER 14. Maiden name Anna Collins

15. Birthplace Ireland

16. Informant Cedarcroft Sanitarium

Address Silver Spring Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6-7-40 (month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery

Location Washington, D.C.

16. Funeral director Francis J Collins

Address 3821-14th St. N.W. Wash. D.C.

19. June 7 1940 (Date rec'd by registrar) Sallie B. Leeling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 7 20 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3-1932 19__, to June 7 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Richard B. Thibadeau M.D. M. D. or other

Address 2012 R. St. N.W. Wash. D.C. Date signed 7/7-40.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

06622

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County: Montg
City or town: Near Dickerson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Still birth of 4 weeks Gestation Crosby
3. (b) Social Security Number

4. Sex: undetermined
5. Color or race: W
6. (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: ~~Willard Crosby~~
6(c) If alive, give age: 25 years
7. Birth date of deceased (mo., day, yr.): June 7, 1940
8. AGE: Years | Months | Days | If less than one day: ____ hrs. 0 min.
9. Birthplace: Dickerson Md
(Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER
12. Name: Willard Crosby
13. Birthplace: Clarksburg W Va
MOTHER
14. Maiden name: Anna Bell Shawver
15. Birthplace: Fazell Co Va
16. Informant: Mrs Willard Crosby
Address: Dickerson Md
17. — (Burial, cremation, or removal. Which?) Date thereof — (month) (day) (year)
Cemetery or crematory: —
Location: — No burial
18. Funeral director: — none
Address: —
19. 6/7 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 6 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from no physician 19__,
and that I last saw h__ alive on ____ 19__.
Immediate cause of death: Spontaneous abortion
Mother came in office 2 hours after abortion with placenta in cloth
Due to
Due to
(claimed she was scared by a dog)
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
DURATION: 6/7/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: E W White M. D. or other
Address: Poolesville Date signed 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06623

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: 107 Southwick St., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Bethesda, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 107 Southwick Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. William Joseph Darcey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Ada E. Darcey
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 3, 1859

8. AGE: Years: 81 | Months: 0 | Days: 30 28 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Bethesda, Maryland (Town, county, and state)
10. Usual occupation: Retired Contractor
11. Industry or business:

FATHER
12. Name: William E. Darcey
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

18. Informant: William Z. Darcey
Address: 204 Lincoln Ave., Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4, 1940 (month) (day) (year)
Cemetery or crematory: St. Mary's, Rockville, Md.
Location: Rockville, Maryland
18. Funeral director: W. Reuben Humphreys
Address: 7005 Wis Ave Bethesda Md

19. June 3rd 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1, 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21, 1940 to June 1, 1940, and that I last saw him alive on June 1, 1940.

Immediate cause of death	DURATION
Gangrene of Foot	
Due to Chr. arteriosclerosis	
Due to Diabetes Mellitus	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. G. Barnosfenk M. D. or other
Address: Bethesda, Md. Date signed 6/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-f)

06624

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 mo & 6 days
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
~~State~~ Md. ~~County~~ Montgomery Also Maryland
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Davis

3. (b) Social Security Number 214-18-9494

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 15 1870.

8. AGE: Years	Months	Days	If less than one day
63	8	4	— hrs. ____ min.

9. Birthplace Rockville Md (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name William Davis.
13. Birthplace unknown

MOTHER
14. Maiden name Mary Kundrin
15. Birthplace Germany.

16. Informant Mrs L. A. Foster
Address Rockville Md

17. Burial Date thereof June 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory County Home
Location Rockville, Md
18. Funeral director Warren E. Dumphrey
Address Rockville, Md.

19. June 20 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/ 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/11/ 1940, to 6/19/ 1940, and that I last saw him alive on 6/19/ 1940.

Immediate cause of death	DURATION
Pulmonary Intervalon	1 yr
Due to —	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE J M B
M. D. or other
Address Sandy Spring Md Date signed 6/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06625

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 5

1. PLACE OF DEATH:
County: Montgomery
City or town: Near Edmar Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): All Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Edmar Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Leonard Disney

3. (b) Social Security Number: —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Mar -
6 (b) Name of husband or wife: Myrtle Disney
6(c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): Aug 10 - 1880
8. AGE: Years: 59 | Months: 10 | Days: — | If less than one day: hrs. min.
9. Birthplace: Howard Co Md -
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm. -
FATHER 12. Name: Ogden Disney
13. Birthplace: P. Geo Co - Md -
MOTHER 14. Maiden name: Mary C Johnson
15. Birthplace: Howard Co Md -
16. Informant: Mrs. N Easton
Address: Sandy Sp. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 - 1940 (month) (day) (year)
Cemetery or crematory: Mt Zion Howard Co Md
Location: Howard Co Md
18. Funeral director: Roy W Barber
Address: Laytonsville Md
19. June 10 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10th 1940, at 5:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to June 10 1940, and that I last saw him alive on June 9 — 1940

Immediate cause of death	DURATION
Coronary Heart Dis	1937
Due to Chr Valv Heart Disease	1935
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas E Tumbleson M. D. or other
Address: Sandy Spring Md Date signed 6-10-40

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-E)

CERTIFICATE OF DEATH

06626

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Colesville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Silver Spg R F D -
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): unknown

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Colesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Silver Spg R F D
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hugh E Doherty

3. (b) Social Security Number: unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of ~~husband~~ or wife: Ruth Doherty
6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): nov 21 - 1874

8. AGE:

Years	Months	Days	If less than one day
62	6	21	— hrs. — min.

9. Birthplace: Colorado - - -
(Town, county, and state)
10. Usual occupation: laborer -
11. Industry or business: Construction
FATHER 12. Name: unknown
13. Birthplace
MOTHER 14. Maiden name: unknown
15. Birthplace
16. Informant: Mrs Melvin Richardson
Address: Colesville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Ft. Johns
Location: Forest Glen, Md.
18. Funeral director: Warner E. Pumphrey
Address: 8424 - Ga. Ave. Silver Spg. Md.
19. June 15 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940, at 9.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 - 1940, to June 14 1940 and that I last saw him alive on June 14 - 1940.

	DURATION
Immediate cause of death: Uremia -	3 days
Due to: Chr Nephritis	unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

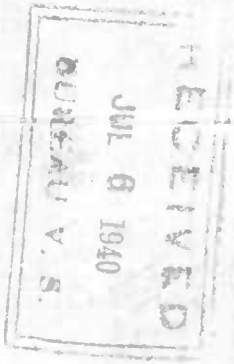
PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas E Tombleson MD
M. D. or other
Address: Sandy Spring Md Date signed 6-15-40

For

Mr. Warner Gumphrey



STATE OF MARYLAND—CERTIFICATE OF DEATH

06627

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (837)

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg (Village) No. Summit Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 6 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Olevia Dickie Tolson

(a) Residence: No. Chicago Ill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 17, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
88	1852	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N Y.

FATHER

13. NAME Benjamin Tolson

14. BIRTHPLACE (city or town) (State or country) N Y.

MOTHER

15. MAIDEN NAME Hannah Ford

16. BIRTHPLACE (city or town) (State or country) N Y.

17. INFORMANT (Address) Capt. Henry S. Graves Columbia S.C.

18. BURIAL, CREMATION, OR REMOVAL Place Rockville, Md. Date June 27, 1940

19. UNDERTAKER Mrs. Ruben Pumphrey (Address) Rockville Md

20. FILED June 25, 1940 Abruda S. Cooke, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1939, to June 12, 1940

I last saw h[er] alive on June 12, 1940; death is said to have occurred on the date stated above, at 5:20 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
General arterial Sclerosis	?
Cerebral arterial Sclerosis	1937
Cerebral Thrombosis	6/12 fatal

Other **Contributary Causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myles D. Towne M.D. M. D.

(Address) Dawsonville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Kensington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 12 Warner Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 12 - Warner Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy Alice Fox.

3. (b) Social Security Number None.

4. Sex Female

5. Color or race White

6. (a) ~~Single, married, widowed, or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Zachariah Fox.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1860

8. AGE: Years 80 Months 4 Days 6 If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name — Crozen
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Virginia

16. Informant Mrs Estelle Schneider.
Address # 12 - Warner St. Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27, 1940 (month) (day) (year)

Cemetery or crematory Centerville Virginia Cemetery

Location Centerville, Virginia

18. Funeral director Warner E. Pumphrey

Address 8424 Ga. ave. Silver Spring, Md.

19. June 25 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940, at 12:12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1939, to June 24 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death Uremia — DURATION 4 day

Due to Chronic interstitial nephritis ?

Due to

Other conditions Myocardial decom - 3 weeks
pneumonia c congestive failure
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wilkins Cook, MD M. D. or other

Address Kensington, Md Date signed 6-25-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-3)

06629

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Chestnut Ridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Chestnut Ridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. Silver Spring
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harriett Gassaway

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	A.A.	Widowed

6 (b) Name of husband or wife: Wm Henry Gassaway
Deceased 1934 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): — 1873

8. AGE: Years	Months	Days	If less than one day
67			____ hrs. ____ min.

9. Birthplace: Chestnut Ridge, Md.
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business: Own home
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Sadie Webb
Address: 812 - 12th St. N.E.
17. ____ (Burial, cremation, or removal. Which?) Date thereof 6-12-40 (month) (day) (year)
Cemetery or crematory: Harmon Cemetery
Location: Washington, D.C.
18. Funeral director: Theodore Matthews
Address: 6/4 - 4½ St. S.W. D.C.
19. June 10 1940 (Date rec'd by registrar) Sallie B. Lusby Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1940, at 2:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1934, to June 10 1940, and that I last saw her alive on June 10 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Mitral Disease	
Due to Bronchial Asthma	
Cerebral Sclerosis (Arterial)	
Due to Nephritis, duration, six years.	
Due to Arthritis	
Other conditions: Influenza	2-10-40

By "cerebral sclerosis," "cerebral arteriosclerosis" is meant, arteriosclerosis of the cerebral vessels predominating.

(Include pregnancy within 3 months of death)
Major findings of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell, M.D.
M. D. or other
Address: Norbeck Md. Date signed: 6-10-40

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-2)

06630

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montg.
City or town: Gaithersburg, R F D,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montg
City or town: Gaithersburg, R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Willie M Gloyd

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Perry A Gloyd
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 2nd 1866

8. AGE: Years	Months	Days	If less than one day
73	7	21	hrs. min.

9. Birthplace: Washington D.C,
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: " "

FATHER
12. Name: Thomas Cowling
13. Birthplace: Va

MOTHER
14. Maiden name: Mary Plant
15. Birthplace: Washington D.C,

16. Informant: Mrs Laura D Stoddard
Address: Gaithersburg Md,

17. Bural (Burial, cremation, or removal. Which?) Date thereof 6/26/40 (month) (day) (year)

Cemetery or crematory: Oak Hill, Cemetary
Location: Washington, D.C,

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md,

19. June 24 1940 (Date rec'd by registrar) Rhenda G Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23rd 1940, at 11-15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June-21 1940, to June 23 1940, and that I last saw h-- alive on June-23- 1940

Immediate cause of death: Hemorrhage of Stomach gastric ulcer — DURATION: 2-3 days (3)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. C. Miller M. D. or other
Address: Gaithersburg Date signed 6/24/40

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JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06631

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46-E) (B)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington San. & Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Georgia Gregory

(a) Residence: No. 707-E St N.E. St., Ward. Washington, D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of La Grande Gregory

6. DATE OF BIRTH (month, day, and year) May 27, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dept Agriculture

10. Date deceased last worked at this occupation (month and year) April 1940

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) Oweyo (State or country) N.Y.

FATHER

13. NAME Franklin Kendall

14. BIRTHPLACE (city or town) Cayuga County (State or country) N.Y.

MOTHER

15. MAIDEN NAME Carolyn Bowen

16. BIRTHPLACE (city or town) Weavers Valley (State or country) N.Y.

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Md.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Washington DC Date 6-5, 1940

19. UNDERTAKER J. Wm. Lee's Sons (Address) 300-4th St. N.E.

20. FILED June 5, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1940, to June 5, 1940

I last saw h-- alive on June 5, 1940; death is said to have occurred on the date stated above, at 2:55 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	
Metastatic Carcinoma of liver	

Other **Contributory Causes** of Importance: Intestinal Obstruction

Name of operation— Colostomy Date of June 4 1940

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A R Coyne M.D.

(Address) Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-E

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgo Co.

City or town: Cabin John, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Montgo.

City or town: Cabin John
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John H. Gravatt.

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband~~ or wife: Ada Gravatt.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 15, 1858.

8. AGE: Years 82 | Months 5 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Caroline Co. Va.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Henry Gravatt.
13. Birthplace: Caroline Co. Va

MOTHER
14. Maiden name: Catherine
15. Birthplace: Caroline Co. Va

16. Informant: Welfare Board.
Address: Rockville, Md.

17. Birth
(Burial, cremation, or removal, Which?) Date thereof: June 25 1940 (month) (day) (year)

Cemetery or crematory: Cabin John

Location: Clopper Md

16. Funeral director: Robert L. Snowden

Address: Rockville Md

19. June 25 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 6.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 22 1940 and that I last saw him alive on June 22 1940

Immediate cause of death: Pulmonary hemorrhage — DURATION: 1/2 hour

Probably tuberculosis. Duration: a long time.

Due to: ~~[illegible]~~ A lesion which broke down in his advanced years. C.W.G.R.

Due to: Rupture of pulmonary vessel.

Other conditions: Hypertension arteriosclerosis — Unknown 10 years

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Wheeler O. Huff M. D. ~~or other~~

Address: Bethesda, Md. Date signed: 6-22-40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06633

Reg. Dist. No. 214

1. PLACE OF DEATH:
County: Montgomery
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred: 15 West Baltimore St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 West Baltimore St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Alma Chamberlin Hale

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed.

6.(b) Name of husband or wife: Dwight F. Hale
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): January 18, 1859

8. AGE: Years 81 | Months 4 | Days 27 | If less than one day: hrs. min.

9. Birthplace: Springdale, Iowa (Town, county, and state)
10. Usual occupation: none
11. Industry or business: retired housewife

FATHER
12. Name: Samuel Grant Chamberlin
13. Birthplace: Craftsbury, Vermont

MOTHER
14. Maiden name: Theresa Hannah Taber
15. Birthplace: Bedford, Canada

16. Informant: Mrs. Ed. Farrell
Address: 15 W. Balto. St., Kensington

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1940 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Bladensburg Rd., Pr. Geo. Co., Md.

18. Funeral director: Warner & Pumphrey
Address: Silver Spring, Md.

19. June 17 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940 at 4:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1939 to June 15 1940 and that I last saw her alive on June 15 1940

	DURATION
Immediate cause of death: Apoplexy	6 days
Due to: Cardio-vascular-renal Disease	14 yrs.
Due to:	
Other conditions: Lobar pneumonia	5 days

(Include pregnancy within 3 months of death)

Major findings of operation: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Katharine A. Chapman, M.D.
M. D. or other
Address: 20 W. Balto. St., Kensington Date signed: 6/15/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06934

1. PLACE OF DEATH (131-a)

County Montgomery Registration Dist. No. 223-

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Huck If U. S. Veteran, specify WAR

(a) Residence: No. 27 Pine Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

FATHER

13. NAME William Huck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Bechtold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Philip W Huck (Address) 27 Pine Ave

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date June 10, 1940

19. UNDERTAKER Frank Geiers Sons Co (Address) 1113-7 St NW Wash. D.C.

20. FILED June-8, 1940 J Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1940, to June 7, 1940

I last saw her alive on June 7, 1940; death is said to have occurred on the date stated above, at 2 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	2/28/40

Other Contributory Causes of Importance: arteriosclerosis and interstitial nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred V Parsons M. D.

(Address) 732 Whittier St NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 5 1940 BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06635

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH

County Montgomery

City or town Silver Springs (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: R.F.D. #2.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Montgomery

City or town Silver Springs Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (Rural Near) (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lorana Belle Keeler

3. (b) Social Security Number

4. Sex Fe

5. Color or race Wh.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Aaron Runa Keeler

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) June 15, 1866

8. AGE: Years 74 Months 0 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Sluman Wetmore

13. Birthplace Pa.

MOTHER 14. Maiden name Charlott Ives

15. Birthplace (?)

18. Informant John Keeler

Address Silver Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2, 1940. (month) (day) (year)

Cemetery or crematory Washington Memorial Park

Location Riggs Road, Prince Georges Co., Md.

18. Funeral director J. Arthur Walters

Address 204 Carroll St., Takoma Park, D.C.

19. June 29 1940 (Date rec'd by registrar) Sallie B. Lubie Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 1250 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1938, to June 29 1940, and that I last saw her alive on June 29 1940

Immediate cause of death Chronic nephritis — DURATION 2 yrs

Due to Cardio-Vascular-Renal disease — 6 yrs.

Due to Hypertension — (?)

Other conditions Diabetes melit. — 3 yrs.

(Include pregnancy within 8 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wendell E. Malin, M.D. M. D. or other

Address Riverdale Md. Date signed 6/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06636

(83-a)

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Spencerville rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montg.

City or town Spencerville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nelson E. Kelley

3. (b) Social Security Number none

4. Sex Male

5. Color or race A.A.

6. (a) Single, married, widowed, or divorced widowed

8 (b) Name of husband or wife Celina Kelly deceased

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15

8. AGE: Years 63 Months Jan Days If less than one day hrs. min.

9. Birthplace Spencerville md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Henry Kelley

13. Birthplace —

MOTHER 14. Maiden name unknown

15. Birthplace —

16. Informant Burrie Carter

Address Spencerville

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 22 1940 (month) (day) (year)

Cemetery or crematory Spencerville

Location Roundseat Md

18. Funeral director Robert L. Snowden

Address Rockville Md

19. June 22 1940 (Date rec'd by registrar) Sallie B. Lubug Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1933, to June 18 1940 and that I last saw him alive on June 18 1940.

Immediate cause of death Paraplegia: Cerebral hemorrhage. Duration: two days. Duration 1 1/2 days

Due to Arteriosclerosis c̄ Hypertension

Due to

Other conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Webster Sewell, M.D. M. D. or other

Address Norbeck, Md. Date signed 6.19.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06637

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Mr. Damascus
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Mr. Damascus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Monroe Kemp

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife: Elizabeth Kemp
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): June 9, 1878

8. AGE:

Years	Months	Days	If less than one day
61	11	22	hrs. min.

9. Birthplace: Damascus, Md. (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Dairying & General
FATHER 12. Name: Columbus H. Kemp
13. Birthplace: Kemptown, Md
MOTHER 14. Maiden name: Florence Adams
15. Birthplace: Mr. Damascus Md.
16. Informant: Mrs. James M. Kemp
Address: R. D. Gaithersburg, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3 1940 (month) (day) (year)
Cemetery or crematory: Wardfield
Location: Wardfield, Md
18. Funeral director: J. B. Beall Co., Inc.
Address: Damascus, Md.
19. June 3 1940 (Date rec'd by registrar) Della N. Burdette Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1940, at 11 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 1 1940, and that I last saw h in alive on June 1 1940.

Immediate cause of death	DURATION
Coronary Occlusion	1 day
Due to Arteria Sclerosis with Hypertension	5 to 6 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Dr. J. M. Boyer M. M. Boyer
M. D., or other
Address: Damascus Md. Date signed 6-3-40.

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06638

Reg. Dist. No. 4B

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Montgomery
City or town: near Laytonsville
(If ontside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Laytonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Charles Albert King

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	A.A.	Married

6 (b) Name of ~~husband or~~ wife: Susie King
6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): may 9, 1892

8. AGE: Years	Months	Days	If less than one day
48	1	8	____ hrs. ____ min.

9. Birthplace: montg. Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Albert King
13. Birthplace: Montg. Co. Md
MOTHER 14. Maiden name: Annie Claggett
15. Birthplace: Montg. Co. Md
16. Informant: Susie King
Address: Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Brookgrove
Location: Near Laytonsville Md
18. Funeral director: Bob W. Barber
Address: Laytonsville Md
19. June 20 1940 (Date rec'd by registrar) R D Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1940, at 11:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1938 to June 17 1940, and that/I last saw h-im alive on April 24 1940

Immediate cause of death	DURATION
Coronary Occlusion	
Coronary & Arterial	
Due to Sclerosis and	
Aortic Aneurism	
Due to Lues	
Other conditions: Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell, M.D.
M. D. or other
Address: Norbeck, Md. Date signed: 6-19-40

RECEIVED
JUL 6 1940
BUREAU V. S.

06639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville, rural (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Lake Park

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life in County

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville, rural (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: Spring Lake Park. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Frederick Kuster

3. (b) Social Security Number: 579-05-3260

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie L. Quinn Kuster

6(c) If alive, give age: about 40 years

7. Birth date of deceased (mo., day, yr.): March 21 - 1891

8. AGE: Years: 49 Months: 2 Days: 24 If less than one day: hrs. min.

9. Birthplace: Boyds - Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Own work

FATHER 12. Name: George D. Kuster

13. Birthplace: Boyds - Maryland

MOTHER 14. Maiden name: Barbara Nicholson

15. Birthplace: Maryland

16. Informant: Raymond Kuster (Bro)

Address: Spring Lake Pk - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 17/40 (month) (day) (year)

Cemetery or crematory: Mt. Zion Baptist Ch. Cem

Location: Bethesda Maryland

18. Funeral director: Wm. Reuben Humphrey

Address: Rockville - Maryland

19. June 16 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to June 14 1940.

and that I last saw him alive on June 14 1940.

Immediate cause of death: Coronary occlusion (2nd attack)

Due to: Previous attack December, 1939 -

Other conditions: none (Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION: Few minutes

Ill 6 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm. A. Linthicum, M.D. M. D. or other

Address: Rockville, Md. Date signed: June 16, 1940.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06640

Reg. Dist. No. 274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Cedarcroft Sanitarium
Stay in hospital or inst. (yrs., or mos., or days) about 8 mos.
Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1143 - 24th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR — no

3. (a) FULL NAME Thomas E. Lawton

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 15, 1861

8. AGE: Years 79 | Months 11 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace D. C.
(Town, county, and state)

10. Usual occupation Printer (retired)

11. Industry or business

FATHER
12. Name Edwin M. Lawton
13. Birthplace England

MOTHER
14. Maiden name Sarah E. Welch
15. Birthplace Ireland

16. Informant E. M. Lawton, brother
Address 1143 - 24th street N.W.

17. Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof June 24/1940 (month) (day) (year)
Cemetery or crematory Oak Hill
Location

18. Funeral director George W. Rice Co. Inc.
Address 2900 M street N.W.

19. June 24 1940 (Date rec'd by registrar) Hallie B. Luby Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1940, at 1.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 1939 to June 24th 1940, and that I last saw h alive on June 23 1940

Immediate cause of death	DURATION
Chronic Myocarditis	?
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard B. Thibadeau M.D. M. D. or other
Address 2012 R. St. N.W. Washington, D.C. Date signed 6/25/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06641

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Hillandale Rz Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 1 month 3 weeks
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Hillandale Rz Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Surrella Berry Mc Nally

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	A.A.	Married

6 (b) Name of husband or wife: Jesson Mc Nally
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1880

8. AGE: Years	Months	Days	If less than one day
60	4	28	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: none
FATHER 12. Name: John W. Berry
13. Birthplace: Maryland.
MOTHER 14. Maiden name: Rose Etta Mowry
15. Birthplace: Fredricksburg, Va.
16. Informant: Isabelle Withers
Address: Hillandale R.2 Silverspring. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1940 (month) (day) (year)
Cemetery or crematory: Sitka. Md.
Location:
18. Funeral director: Charles Cooper
Address: 514-N. Calhoun S. Balto. Md.
19. 7/1 1940 (Date rec'd by registrar) Sallie B. Leiby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1940, at 8:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1940, to June 30 1940, and that I last saw her alive on June 30 1940.

Immediate cause of death	DURATION
Hemiplegia	6.30.40
Due to: Diabetes Mellitus	
Due to:	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell, M.D.
M. D. or other
Address: Norbeck, Md. Date signed 6.30.40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06642

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 102 Allen Road, Bethesda, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 102 Allen Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. John Meyers

3. (b) Social Security Number: 216-05-4008

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Helen Buddo Meyers

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 3, 1901 1900

8. AGE:

Years	Months	Days	If less than one day
39	11	6	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Dist. Manager Johnson Service Co.

11. Industry or business:

FATHER
12. Name: George J. Meyers
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Janette Weber
15. Birthplace: Virginia

18. Informant: Mrs. Helen B. Meyers

Address: 102 Allen Road, Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 12, 1940 (month) (day) (year)

Cemetery or crematory: Mitchell, Virginia

Location: Mitchell, Virginia

18. Funeral director: W. Rueben Cramphsey

Address: 7005 Wis Bethesda Md

19. 6-12-40 (Date rec'd by registrar) 19 B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 Dec 19 40, and that I last saw h alive on 19; that death occurred at 9:30 M

Immediate cause of death: Coronary Occlusion due to Chronic Myocarditis — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. E. Hawkins M. D. or other

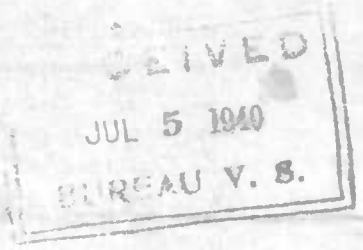
Address: Rockville Md Date signed: 6/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

LETTER filed 7-16-40 under MR. MEYERS
referring to conformity of items 7 & 8.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06643

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 119 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring R#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Layhill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Mrs. Mary Alice Mullican

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widow.

B (b) Name of husband or wife Henry Mullican

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October ? 1860

8. AGE:

Years	Months	Days	If less than one day
79	8	?	hrs. min.

9. Birthplace Layhill, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home.

FATHER
12. Name Jim Gates
13. Birthplace Maryland.

MOTHER
14. Maiden name Caroline Burriss
15. Birthplace Maryland.

16. Informant Hospital Records
Address

17. Burial Date thereof June 13/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Methodist Church Cem.

Location Layhill - Maryland

18. Funeral director Wm. Reuben Dempsey

Address Rockville Maryland

19. June 12 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13 1940, to June 11 1940, and that I last saw her alive on June 11 1940

Immediate cause of death	DURATION
Uremia Interstitial nephritis	2 wks.
Due to Chronic interstitial nephritis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE J. M. B. M.D. or other

Address Sandy Spring, Md Date signed 6/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

06644

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 804. Kennebec ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 804. Kennebec ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary V. E. Mussetter

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

B (b) Name of husband ~~or wife~~ Lemuel Mussetter.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 4, 1856

8. AGE: Years 84 | Months 3 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name John M. Snook

13. Birthplace Maryland

MOTHER

14. Maiden name Elizabeth Hall

15. Birthplace Maryland

16. Informant Mrs Naomi Mussetter Sanford

Address 804. Kennebec ave, Tak. Pk. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet, Frederick, Md.

Location

18. Funeral director Warner E. Pumphrey,

Address 8424- Ga ave, Silver Spring, Md

19. June 15 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940 11.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19

and that I last saw h alive on 19

Immediate cause of death Probably Coronary thrombosis due to Chronic myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. E. Hawks M.D. M.D. or other

Deputy Med Ex Montgo Co

Address Rockville Md Date signed 6/15/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Na)

CERTIFICATE OF DEATH

06645

Reg. Dist. No. 222

1. PLACE OF DEATH:

County: Montgomery

City or town: WITHIN CORPORATE LIMITS of Takoma Park, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month, 9 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Mary Oden

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: John Oden

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 16, 1861

8. AGE:

Years	Months	Days	If less than one day
78	8	21	hrs. min.

9. Birthplace: Fauquier Co., Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: Alexander Carter

13. Birthplace: Fauquier Co., Va.

MOTHER 14. Maiden name: Elizabeth Bolton

15. Birthplace: ? Va.

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7, 1940 (month) (day) (year)

Cemetery or crematory: Potomac

Location: Potomac Md.

18. Funeral director: Wm. Reuben Humphreys

Address: Bethesda, Md.

19. June 7th 1940 (Date rec'd by registrar) J. Wilmer Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 7:46 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to June 7 1940, and that I last saw her alive on June 7 1940.

Immediate cause of death: Acute Dilatation of Rt. Ventricle. DURATION: 12 hrs.

Due to:

Due to: Fracture due to accidental fall, in her home, May 1st, 1940.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Fracture of neck of femur - due to accidental fall.

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: May 1st, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): in her home

Means of injury: Accidental fall. injured at work?

23. SIGNATURE: R. E. Coyne M.D. M. D. or other

Address: Takoma Park Date signed: 6/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

06646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 222 E Montgomery Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 years –

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 222 E Montgomery Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: DORA Kolchinski Parkus

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Russian-Hebrew

6. (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife: Pinchus Parkus

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 10, 1869.

8. AGE: Years: 71 Months: 3 Days: 8 If less than one day: hrs. min.

9. Birthplace: Russia. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: William Kolchinski
13. Birthplace: Russia

MOTHER
14. Maiden name: Getel Rapinawitz
15. Birthplace: Russia.

18. Informant: Mrs. Fannie Chman, daughter

Address: Rockville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-18-40 (month) (day) (year)

Cemetery or crematory: Hebrew Mt Carmel ~~Hebrew Ra~~ Mt Carmel

Location: ~~Phil Rd~~ ~~Hopmel~~ St

18. Funeral director: Jack Lewis Inc.;

Address: 1439 E. Balto. St.,

19. 6-18 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1940, at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on June 17 1940.

Immediate cause of death	DURATION
Congestive heart Failure	3 days
Due to Hypertensive heart disease	3 years
Due to Hypertension	15 years.
Other conditions Arteriosclerosis – Kidneys – brain. (Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: William W. Welsh M. D. or other

Address: Rockville, Date signed: June 18, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

06647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County

City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 120 Chevy Chase Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 120 Chevy Chase Drive
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Nellie Mathews Pirie

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife William Pirie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8. 1857.

8. AGE: Years 82 Months 10 Days 2 If less than one day hrs. min.

8. Birthplace New Brunswick. N.J.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name not known

13. Birthplace

MOTHER 14. Maiden name not known

15. Birthplace

16. Informant Harry J. Pirie

Address 120 Chevy Chase Drive

17. Burial Date thereof June 12. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Glenwood Cem.

Location Washington

18. Funeral director Martin D. Hysong

Address 1300 N. St. N. W. Washington

19. June 10th 1940 B. C. Perry,
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 12.40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925 19 , to June 10 1940 and that I last saw her alive on June 10 1940.

Immediate cause of death	DURATION
Cardio vascular Renal disease	20 yrs
Due to Senility	
Due to	
Other conditions arthritis.	17 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Sawfield M. D. or other

Address La Salle Opt. Date signed June 10. 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

06648

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Montgomery

City or town Olney.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery Co. Gen. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 20 days

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Derwood - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Brookeville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Porter.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	N.	Married.

6 (b) Name of husband or wife Thomas Porter.

6(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 4/22/13

8. AGE:

Years	Months	Days	If less than one day
27	2	7	____ hrs. ____ min.

9. Birthplace Ballston, Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home.

FATHER
12. Name Peyton M. Pettit
13. Birthplace Fairfax, Virginia

MOTHER
14. Maiden name Nettie Collins.
15. Birthplace Ballston, Virginia

16. Informant Hosp. Records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Brookville Md

Location Near Olney Md

18. Funeral director Roy W. Barber

Address Laytonsville Md

19. July 1 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/ 1940, at 4.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to 6/29/ 1940, and that I last saw h-er alive on 6/29/ 1940

	DURATION
Immediate cause of death Carcinoma of Uterus	8 mos
Due to Synovial Metastasis	6 mos
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? No

23. SIGNATURE J. A. B. M. D. or other

Address Sandy Spring Md Date signed 6/29/40

RECEIVED
JUL 6 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

66649

Reg. Diat. No. 213

1. PLACE OF DEATH:
County Montgomery
City or town Near Hunting Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Gaithersburg, Md., R.F.D. # 3
Stay in hospital or inst. (yrs., or mos., or days) Life in County
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg, Md. R.F.D.#3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Travilah
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME
Isaac H Rabbitt

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Annie Mae Rabbitt

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1863

8. AGE: Years	Months	Days	If less than one day
77	1	9	hrs. min.

9. Birthplace Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Rabbitt
13. Birthplace Maryland

MOTHER
14. Maiden name Maria Ball
15. Birthplace Maryland

18. Informant Mrs. Annie Mae Rabbitt
Address Gaithersburg, Md. R.F.D. # 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29/1940 (month) (day) (year)
Cemetery or crematory St Mary's Catholic Ch. Cem
Location Rockville — Maryland
18. Funeral director Wm. Reuben Pumphrey
Address Rockville — Maryland

19. June 29 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 4:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw alive on ____ 19__.

	DURATION
Immediate cause of death Coronary Case	
Due to Coronary thrombosis	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Hawkins M.D. or other
Address Rockville Md Date signed 6/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (171E)

06650

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Montgomery Co. Gen Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 hours
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1225 Jefferson St N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Helen R Rawlings

3. (b) Social Security Number 577-01-2608

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1 1916
8. AGE: Years 24 Months 2 Days 1 If less than one day hrs. min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Telephone operator
11. Industry or business
FATHER 12. Name John Rawlings
13. Birthplace Baltimore Maryland
MOTHER 14. Maiden name Julia Moore
15. Birthplace Baltimore Maryland
16. Informant Mrs. Julia Rawlings
Address 1225 Jefferson St. Washington D.C.
17. (Burial, cremation, or removal. Which?) Date thereof June 5 1940 (month) (day) (year)
Cemetery or crematory Union Cemetery
Location Burtonsville Md.
18. Funeral director W. W. Chambers Co.,
Address 1400 Chapin St. N.W. Wash. D.C.
19. June 2 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Coroner Case
Fracture of skull
Due to hemorrhage & Shock.
Due to Laceration of occip-ital region of skull
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 4/2/40
Where did injury occur? Layhill Montgomery Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Fell from horse Injured at work?

23. SIGNATURE C. E. Hawks M.D. or other
Address Rockville Md Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 14 1940
BUREAU V. S.

06651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-2

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium + Hospital

Stay in hospital or inst. (yrs., or mos., or days) 31 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda, Route 3. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 3.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Jesse Roberts

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed.

8 (b) Name of husband or wife Emma Clemm Roberts

6(c) If alive, give age deceased, years

7. Birth date of deceased (mo., day, yr.) Feb. 29. 1860

8. AGE: Years 80 | Months 3 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick, Maryland (Frederick County) (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Engineer dept. of Government.

FATHER

12. Name Jesse Roberts

13. Birthplace ?

MOTHER

14. Maiden name ?

15. Birthplace ?

16. Informant Washington Sanitarium records

Address Takoma Park. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12, 1940 (month) (day) (year)

Cemetery or crematory Potomac Chapel,

Location Potomac Md

18. Funeral director Wm Reuben Pumphrey

Address Rockville Md.

19. June 10 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 2:07 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Uremic poisoning

Due to Arteriosclerosis

Due to Chronic nephritis. C.W.S.R. Duration: unknown.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks

Address Rockville Md Date signed 6/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06652

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (942)

County Montgomery Registration Dist. No. 223-

WITHIN CORPORATE LIMITS OF Village or City Takoma Park No. Trask Sanitarium & Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Emory Jules Robideaux Social Security # 577-20-4962

(a) Residence: No. 702 Florida Ave St., Ward Takoma Park, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Robideaux

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Newspaper Company

10. Date deceased last worked at this occupation (month and year) 5/31/40

11. Total time (years) spent in this occupation 7 months

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME William Robideaux

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Alma Latrasse

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Washington Sanitarium & Hosp. Records (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Brooklyn N.Y. Date June 29, 1940

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. N.W.

20. FILED June 27, 1940 J. Wilbur Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1940, to June 27, 1940

I last saw him alive on June 26, 1940; death is said to have occurred on the date stated above, at 12:50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Coronary Thrombosis	5/31/40
Pulmonary Infarct	6/18/40
Other Contributory Causes of importance:	
Aplenic Infarct	Recent
Kidney Infarct	

Name of operation none Data of —

What last confirmed diagnosis? EKG. Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Data of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Robert A. Hare M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a) AB

06653

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, (hospital, or institution: Washington Sanitarium & Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia (County)
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1300 Jefferson St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None ✓

3. (a) FULL NAME Mr Walter N. Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mayme N. Robinson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March - 10 - 1883

8. AGE: Years	Months	Days	If less than one day
57	5 1 3	8	____ hrs. ____ min.

9. Birthplace Bethel Ohio
(Town, county, and state)
10. Usual occupation Certified Public Acct.
11. Industry or business
FATHER 12. Name Andrew J. Robinson
13. Birthplace Virginia
MOTHER 14. Maiden name Margaret Coulthas
15. Birthplace P
16. Informant Washington Sanitarium
Address Takoma Park. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June - 19 - 1940 (month) (day) (year)
Cemetery or crematory
Location Georgetown Ohio
18. Funeral director G. N. Jones Co.
Address 2901 - 14th St N.W.
19. June 18 1940 (Date rec'd by registrar) J. Atkins Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 4.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 18 1940, and that I last saw him alive on June 17 1940.

Immediate cause of death	DURATION
Cardio-renal-vascular disease	1 yr +
Due to Hypertension } Kidney disease }	18 da
Due to	
Other conditions No -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. H. Bullock M. D. or other
Address 766 Rock Cr. Ch. Rd Date signed June 18

RECEIVED
JUN 26 1940
BUREAU V

06654

STATE OF MARYLAND—CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Silver Spring No. 235 Ocala St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Alma Rose If U. S. Veteran, specify WAR

(a) Residence: No. 235 Ocala St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward George Rose

6. DATE OF BIRTH (month, day, and year) April 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Bedford (State or country) Mass.

FATHER

13. NAME Joseph Gauvin

14. BIRTHPLACE (city or town) Lake Champlain (State or country) New York

MOTHER

15. MAIDEN NAME Marie La Plant

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Edw. G. Rose (Address) 235 Ocala St

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date 6/23, 1940

19. UNDERTAKER S. H. Hines Co. (Address) 2901 - 14th St. N.W.

20. FILED June 23rd, 1940 J. Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1940, to June 23, 1940

I last saw her alive on June 23, 1940; death is said to have occurred on the date stated above, at 7:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Apr 1939

Other Contributary Causes of importance:

Lung metastasis	June 1940

Name of operation radical mastectomy Date of Nov 1939

What test confirmed diagnosis microscopic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. F. Kremburg M. D.

(Address) 7852 16th St N.W. Wash D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06655

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 216

(92-d)

N. B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

U. S. No. 1

1 PLACE OF DEATH

County Montgomery

Village or City Bethesda (No.) River Rd. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Seales

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	Colored	widower

6 DATE OF BIRTH: Feb (Month) 16 (Day), 1862 (Year)

7 AGE: 78 yrs. 4 mos. 11 ds. | If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed or (employer): ?

9 BIRTHPLACE (State or country): Fairfax Co Va

PARENTS

10 NAME OF FATHER: Fred. Seals

11 BIRTHPLACE OF FATHER (State or country): Fairfax Co Va

12 MAIDEN NAME OF MOTHER: Mary not known

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth Fleet

(Address) 13400 19th St. N.W.

15 Filed 6-28 1940 B C Perry Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 27th (Day) 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 19 1940 to June 27 1940.

that I last saw him alive on June 27 1940

and that death occured on the date stated above, at 1.53 P. m.

The CAUSE OF DEATH * was as follows:

Chronic valvular heart disease.

(Duration) ... yrs. 1 mos. 6 ds.

Contributory Secondary: Arterial hypertension

(Duration) 1 yrs. ... mos. ... ds.

(Signed) Wheeler O Huff M. D.

June 27 1940 (Address) Bethesda, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Nat. Zion Cemetery D.C. | DATE OF BURIAL: 6-30 1940

20 UNDERTAKER: Ridgely & Shiker | ADDRESS: Wash, D.C.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Maryland. V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HUNTER JUL 5

06656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Ping Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural Rockville md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 M - 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural Rockville md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Ping Grove

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Hazel B. Sheckels

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1940

8. AGE:

Years	Months	Days	If less than one day
	4	16	____ hrs. ____ min.

9. Birthplace Ping Grove md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Edward Sheckels

13. Birthplace Montgomery co md

MOTHER

14. Maiden name Delma May Roberts

15. Birthplace Montgomery co md

16. Informant Edward Sheckels

Address Rockville md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jun 17 1940 (month) (day) (year)

Cemetery or crematory Potomac

Location Near Rockville md

18. Funeral director Roy W. Barber

Address Laytonsville md

19. June 17 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 16 - 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 9 - 1940, to June - 16 - 1940, and that I last saw her alive on June - 15 - 1940

Immediate cause of death: Diarrhoea

DURATION: 3 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Miller M. D. or other

Address Gaithersburg, Md. Date signed 6/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

66657

1. PLACE OF DEATH (61)

County Montg Co — Registration Dist. No. 218

Village or City Gaithersburg Md — No. Methodist Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Shipley — If U. S. Veteran, specify WAR No

(a) Residence: No. ~~Gaithersburg Md~~ nr Sykesville Md (City) St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lillie C Shipley

6. DATE OF BIRTH (month, day, and year) Nov 25th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1863	76	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. " "

10. Date deceased last worked at this occupation (month and year) " — 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) New Freedom Md (State or country)

FATHER

13. NAME Henry B Shipley

14. BIRTHPLACE (city or town) Md, (State or country)

MOTHER

15. MAIDEN NAME Susan R Biddinger

16. BIRTHPLACE (city or town) Md, (State or country)

17. INFORMANT (Address) Methodist Home, H M Wilson, Gaithersburg Md,

18. BURIAL, CREMATION, OR REMOVAL Place New Freedom, Md Date June 19th 40

19. UNDERTAKER Ernest G Gartner (Address) Gaithersburg Md,

20. FILED June 17, 1940 Abraham G. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to June 16, 1940

I last saw him alive on June 6, 1940, death is said to have occurred on the date stated above, at 12:30 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?

Other **Contributory Causes** of importance:

Arteriosclerosis
Chronic interstitial nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JUL 1 1940
BOARD OF H

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06658

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 436 Cedar Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 Mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 436 Cedar Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Mary Francis Shutts
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles H. Shutts
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 28, 1862
8. AGE: Years 77 | Months 11 | Days 14 | If less than one day ____ hrs. ____ min.
9. Birthplace: New York (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Housewife
FATHER
12. Name: Martin Face
13. Birthplace: New York
MOTHER
14. Maiden name: Eliza Layman
15. Birthplace: New York
16. Informant: James B. Shutts
Address: 436 Cedar Rd.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 23 1940 (month) (day) (year)
Cemetery or crematory:
Location: to Washington DC
18. Funeral director: The S.H. Hines Co.
Address: 2901 — 14th St. N.W. DC
19. June 23rd 1940 (Date rec'd by registrar) J. Wilson Dell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22, 1940, at 10.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1940, to June 22 1940 and that I last saw her alive on June 22 1940
Immediate cause of death: Right hemiplegia — DURATION: 8 days
Due to: Cerebral hemorrhage
Due to: Cardio-vascular renal disease.
Other conditions: Hypertension — Sev. yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Lynwood Heiges M.D. M. D. or other
Address: 6940 Piney Br. Rd. N.W. Date signed: 6-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

06659

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-A

no social security no.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Rural near Kensington No. Maple View Drive St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John S Spitzer If U. S. Veteran, specify WAR ___

(a) Residence: No. Rural near Kensington, Md. Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Lamb Spitzer

6. DATE OF BIRTH (month, day, and year): Sept 28, 1860

7. AGE: Years 79 | Months 8 | Days 7 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Rockingham County Virginia

FATHER

13. NAME: John Taylor

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Catherine Spitzer

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): M. Dalton Holsinger Kensington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Linville Creek Church & Cem. Broadway, Va. Date: June 7, 1940

19. UNDERTAKER (Address): Roy W. Barber Laytonsville Md

20. FILED: June 6, 1940 Margaret C. Tremearne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938, to June 4, 1940

I last saw him alive on June 4, 1940; death is said to have occurred on the date stated above, at 9:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	?
Arteriosclerotic heart disease	?
Uremia	3 days

Other Contributory Causes of Importance:

Benign prostatic hypertrophy	?
c̄ Urinary retention	3 months

Name of operation: none Date of ___

What test confirmed diagnosis? Phys exam Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ___

(Signed) J. Wilkins Coach M. D.

(Address) Kensington, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

06660

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Glenmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Near Silver Spring, R.F.D.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Glenmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near - Silver Spring, R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank S. Turner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of ~~husband~~ or wife: Eliza Clark
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): July 26, 1867

8. AGE:

Years	Months	Days	If less than one day
72	10	29.	____ hrs. ____ min.

8. Birthplace: Montgomery County, Md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Samuel T. Turner
13. Birthplace: Montgomery County, Md.
MOTHER 14. Maiden name: Margaret Ellen Leizear
15. Birthplace: Montgomery County, Md.
16. Informant: Eliza Clark Turner
Address: Glenmont, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27, 1940 (month) (day) (year)
Cemetery or crematory: Grace Church Cemetery
Location: Woodside, Md.
18. Funeral director: Warner E. Pumphrey
Address: 8424 Ga ave., Silver Spring, Md.
19. 6/26/40 19____ (Date rec'd by registrar) Sallie B. Leibey Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____-19____, to ____-19____, and that I last saw ____ alive on ____-19____.

Immediate cause of death	DURATION
Coronary thrombosis	
Due to Chronic myocarditis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. E. Harper M. D. or other
Address: Wheaton, Md. Date signed: 6/27/40

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

CERTIFICATE OF DEATH

06661

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Mont'g Co.
City or town Cabin John, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Mont'g
City or town Cabin John Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hettie Twinman

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

8 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1917

8. AGE: Years 23 | Months 0 | Days 2 | If less than one day hrs. min.

9. Birthplace Herndon Va.
(Town, county and state)

10. Usual occupation Gen. Housework

11. Industry or business

FATHER 12. Name Frank Twinman
13. Birthplace Madison Co. Va

MOTHER 14. Maiden name Rosie Jones
15. Birthplace Leesburg Va

18. Informant Mary Twinman
Address Rockville Md.

17. Buried Date thereof June 11 1940
(Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory Lincoln Park
Location Rockville Md
18. Funeral director Peter F. Lingan
Address Rockville Md

19. 6-8 1940 B.C. Perry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Bullet wound Possible Cerebral Laceration upward & thru right frontal & parietal portion of brain. DURATION

Due to Fracture of right parietal

Other conditions none prior contact of bullet

Major findings: (Include pregnancy within 3 months of death)

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 6/8/40
Where did injury occur? Cabin John Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Pistol Injured at work? Home

23. SIGNATURE C E Hawks
Address Rockville Md Date signed 6/10/40

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JUL 5 1940
BUREAU V. S.

too late to number 4/21/41 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Found in Manhole, Middleton Lane, Bethesda, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Unknown County: Unknown

City or town: Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Unknown Baby

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years | Months | Days | If less than one day: 5 to 7 Months Pregnancy min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Bethesda Police Department

Address: Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 26 1941 (month) (day) (year)

Cemetery or crematory: County Burial

Location: Montgomery County, Maryland

18. Funeral director: Wm. Reuben Humphrey

Address: 7005 Wis. Ave., Bethesda, Md.

19. 3-26-1941 (Date rec'd by registrar) Benj. Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Unknown 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Premature about 5 to 7 mo found in manhole on Middleton Lane by workman in Bethesda Md June

Due to: 4-1940

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: C. E. Hawks M. D. or other

Address: Deputy Med. Ex. 1 Mont. Co. Rockville Md. Date signed: 4/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17a

CERTIFICATE OF DEATH

06662

Reg. Dist. No. 273

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 416

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS OF

City or town Takoma Park, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) 51 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C County

City or town Bennings, D.C Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route # 1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Minnie Vermillion

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or ~~wife~~ Pope Vermillion

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1887

8. AGE: Years 52 | Months 9 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Bennings D.C (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Carl Kasulka

13. Birthplace Germany

MOTHER 14. Maiden name Tena Maske

15. Birthplace Germany

16. Informant Washington Sanitarium Records.

Address Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19, 1940 (month) (day) (year)

Cemetery or crematory Rhophamp

Location Forestville, Md

18. Funeral director Henry M. Padgett

Address 131-11th St. S.E. Washington D.C.

19. June 17 1940 (Date rec'd by registrar) J. William Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 9:33 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940 to June 16 1940 and that I last saw h alive on June 16 1940

Immediate cause of death Subependymal fibroma brain

DURATION ?

Due to Brain tumor, ? nature unspecified

Due to Fibroma in pituitary region. Cushing.

Other conditions Anasitica. Optic atrophy.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy Refused no autopsy.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 0

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

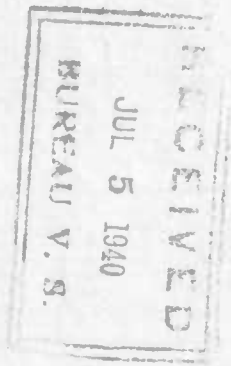
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. A. Wolohan M. D. or other

Address Takoma Park Md. Date signed 7

Mr. Dodd
Citizens Bank



STATE OF MARYLAND—CERTIFICATE OF DEATH 06663

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (83a)

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg, (City) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Ann Verts If U. S. Veteran, specify WAR no

(a) Residence: No. Gaithersburg St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	Widowed.

5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Geo. W. Verts

6. DATE OF BIRTH (month, day, and yeer) Dec- 29- 1868

7. AGE Yaars	Months	Deys	If LESS than 1 dey, hrs. or min.
71	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leesburg Va (State or country)

FATHER

13. NAME Thomas Costello.

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Dina Fleming

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Mrs W. O. Dosh (Address) Gaithersburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place Leesburg Va Date June 18, 1940

19. UNDERTAKER Wm Reuben Pumphrey (Address) Rockville Md.

20. FILED June 17, 1940 Alberda L. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June – 15 – 1940 (Month) (Day) (Yaar)

22. I HEREBY CERTIFY, That I attanded dacaased from June – 14 – 1940, to June – 15 – 1940

I lest saw h[illegible] alive on June – 15 – 1940; death is said to heve occurrad on the date stated above, at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:

Cerebral hemorrhage — Date of onset 6-14-40

Other Contributory Causes of Importance:

Neme of operation Date of

What test confirmed diegnosis? Was there an autopsy?

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disaasa or injury in any way related to occupation of deceasad?

If so, specify

(Signed) William C. Willis M. D.

(Address) Gaithersburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1940
BUREAU V S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06664

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Clarksville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Walker.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Olney, Montgomery Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James Edward Walker.
13. Birthplace Virginia

MOTHER
14. Maiden name Elizabeth Virginia Thomas.
15. Birthplace Brookeville, Md.

16. Informant Hospital Records.

Address

17. Cremation
(Burial, cremation, or removal. Which?)

Date thereof June 18, 1940
(month) (day) (year)

Cemetery or crematory The Montgomery Co. Gen. Hosp. Inc.

Location Olney, Md.

18. Funeral director The Montgomery County Gen. Hospital

Address Olney, Md. Per F. M. Lushear

19. June 18 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Still-born June 18 1940, at 9 35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Still born.

Due to Congenital Fears

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION
2
1
2
1

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md. Date signed 6/18/40

RECEIVED
JUL 6 1940
BUREAU V. S.

06665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Near Laytonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Laytonsville Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Laytonsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Columbia J Waters

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Edward H Waters

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 21, 1845

8. AGE:

Years	Months	Days	If less than one day
95	1	27	hrs. min.

8. Birthplace Montgomery Co Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name James Magruder
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden name Elizabeth M Riggs
15. Birthplace Montgomery Co Md

16. Informant Elizabeth M Riggs

Address Gaithersburg R F D #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18 1940 (month) (day) (year)

Cemetery or crematory Goshen Cemetery

Location Near Laytonsville Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. 6/17 1940 (Date rec'd by registrar) R. D. Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on June 16 Jan 27 1939, to died suddenly 1940, and that I last saw her alive on June 16 1940.

Immediate cause of death Thrombus of Coronary Artery, due to, Sclerosis of the Artery,

Due to

Due to

Other conditions General Arteriosclerosis & Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 15 minutes unknown

Several years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Vernon H Dyson MD
M. D. or other

Address Laytonsville Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06666

(94a)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 8706 Georgia Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Yates Waters If U. S. Veteran, specify WAR

(a) Residence: No. 8706 Georgia Ave St., Ward. No Social Security No.

(Usual place of abode) If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Jenkins Waters

6. DATE OF BIRTH (month, day, and year) Aug. 5th, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Attorney

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 29 1940

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Dawsonville, Maryland.

FATHER

13. NAME Charles L. Waters

14. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER

15. MAIDEN NAME Ella Yates Waters

16. BIRTHPLACE (city or town) (State or country) Fort Royal, Va.

17. INFORMANT Dr. J. Lawn Thompson, M.D.

(Address) Washington, D. C.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Monocacy Cemetery Date June 7, 1940

Beallsville, Md.

19. UNDERTAKER Warner E. Pumphrey

(Address) Silver Spring, Md.

20. FILED June 5, 1940 Sallie B. Leibig Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to June 2nd, 1940

I last saw him alive on June 2, 1940; death is said to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis	1935

Other Contributory Causes of importance:

Coronary Thrombosis	1 day.

Name of operation Date of

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wallace N. Mook M. D.

(Address) 805 Carroll Ave., Takoma Pk., Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

06667

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural - Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Montrose - R F D Rockville

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural nr Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt Montrose - R F D Rockville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Benjamin Franklin Weatherholt

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Florine Weatherholt

6(c) If alive, give age: about 40 years

7. Birth date of deceased (mo., day, yr.): August 4 1889

8. AGE:

Years	Months	Days	If less than one day
50	10	17	hrs. min.

9. Birthplace: Page Co. Virginia

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Henry Weatherholt

13. Birthplace: Virginia

MOTHER

14. Maiden name: Virginia Lam

15. Birthplace: Virginia

16. Informant: Mrs. Florine Weatherholt

Address: R. F D. Rockville - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23/40 (month) (day) (year)

Cemetery or crematory: Evergreen Cemetery

Location: Rural Virginia

18. Funeral director: Wm. Reuben Humphreys

Address: Rockville Md

19. June 22 1940 (Date rec'd by registrar) Faye Barnesley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to June 21 1940, and that I last saw him alive on June 21, 4:30 P.M. 1940

Immediate cause of death	Chronic endocarditis	DURATION: 1 1/2 yrs to stay knowledge
Due to		
Due to		
Other conditions	Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. V. Hartle, M.D. M. D. or other

Address: Rockville, Md. Date signed June 22/40

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06668

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

WITHIN CORPORATE LIMITS OF Village or City Takoma Park No. 723 Carroll Ave., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ada Poole Willis If U. S. Veteran, specify WAR

(a) Residence: No. 1620 Hamlin St., N.E. Ward. Washington, D. C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph W. Willis

6. DATE OF BIRTH (month, dey, end yeer) March 19 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased lest worked et this occupetion (month and year) 1915

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Columbia, S. Carolina (State or country)

FATHER

13. NAME Adam F. Cavis

14. BIRTHPLACE (city or town) Carlyle, Pa. (State or country)

MOTHER

15. MAIDEN NAME (Mrs) Elizabeth Poole

16. BIRTHPLACE (city or town) Washington, D. C. (Stete or country)

17. INFORMANT Mrs. Belle Kirk (Address) 2104 Spring Garden St., Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date June 28, 1940

19. UNDERTAKER Harry L. Sloe (Address) 1009 H St., N.W., D.C.

20. FILED June 28, 1940 J. Holmes Dell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1940, to June 27, 1940

I last saw her alive on June 27, 1940; death is said to have occurred on the dete stated above, at 11:31 P. m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:

	Date of onset
Arteriosclerosis	1923
Hypertension	1925
Cerebral Hemorrhage	6/25/40
Other Contributory Causes of importance: Bronchitis, chronic	3 weeks ago

Neme of operation Dete of

Whet test confirmed diegnosis? Was there an autopsy? No.

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was disease or Injury in any wey related to occupetion of deceased? No.

If so, specify

(Signed) Wallace N. Mook M. D.

(Address) 805 Carroll Ave., Takoma Pk., Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06669

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS OF

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Washington Sanitarium + Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3725 Macomb St., N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Yen, Unnamed female

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	mongolian	single

6. (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1940

8. AGE: Years Months Days If less than one day 10 hrs. 1 min.

9. Birthplace Washington Sanitarium Hospital (Town, county, and state) Takoma Park, Md

10. Usual occupation

11. Industry or business

FATHER 12. Name Captain Tieheng Yen

13. Birthplace Tietsin, China

MOTHER 14. Maiden name T Soong Zen

15. Birthplace Kiashan, China

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Bladensburg Md

18. Funeral director E Gasch Sons

Address Bladensburg Md

19. June 2 1940 (Date rec'd by registrar) J. Dudley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 4-13 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6:12 a.m. 6-2 1940 to 4:13 p.m. 6-2 1940, and that I last saw her alive on 6-2 1940

Immediate cause of death	DURATION
prematurity.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Hughes M.D. (M. D. or other)

Address Takoma Park, Md. Date signed 6-2-40

RECEIVED
JUL 5 1940
BUREAU V. S.

06670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) seventeen yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hampden
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Millie York

3. (b) Social Security Number none

4. Sex Fem
5. Color or race A.A.
6. (a) Single, married, widowed, or divorced Single
B (b) Name of husband or wife
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) April 7, 1875
8. AGE: Years 65 Months 2 Days If less than one day hrs. min.
9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Isaac York
13. Birthplace N. Carolina
MOTHER 14. Maiden name Caroline Martin
15. Birthplace N. Carolina
16. Informant Edith A Mathews
Address Wash., D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-12-40 (month) (day) (year)
Cemetery or crematory Harmony
Location Washington, D.C.
18. Funeral director Allen M. Monroe, Inc.
Address 1326 U St. N.W.
19. June 8 1940 (Date rec'd by registrar) Sallie B. Liebig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 4:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2 1932, to June 8 1940, and that I last saw her alive on June 8 1940.

Immediate cause of death Hemiplegia
Uremia
Due to Arteriosclerotic
Nephritis
Due to Hypertension
Goitre
Other conditions Mitral Disease
Fibroma Uterii
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Sewell, M.D.
M. D. or other
Address Norbeck, Md. Date signed 6.8.40

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06671

CERTIFICATE OF DEATH

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 15

1. PLACE OF DEATH:

County Montgomery

City or town Norwood
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital~~, or institution: Rockville R F D -

Stay in hospital or inst. (yrs., or mos., or days) -

Stay in this community (yrs., or mos., or days) 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Mont

City or town Norwood - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rockville R F D
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no -

3. (a) FULL NAME Mrs Margaret Francis Nicholson Young

3. (b) Social Security Number no ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	white	Widowed

6 (b) Name of husband or wife Tom K Young -

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 18 1868 -

8. AGE:

Years	Months	Days	If less than one day
72	4	4	____ hrs. ____ min.

9. Birthplace Mont Co. Md -
(Town, county, and state)

10. Usual occupation Practical nurse

11. Industry or business retired -

FATHER
12. Name John W Nicholson
13. Birthplace Howard Mont Co Md

MOTHER
14. Maiden name Rebecca Musgrove
15. Birthplace Howard Co Md

16. Informant Mrs Geo Johnson
Address Norwood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt Carmel

Location near Dunkirk md

18. Funeral director Roy W Barlow

Address Gaithersville Md

19. June 23 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 1930, to June 22 1940 and that I last saw h~~e~~ alive on June 22 - 1940.

	DURATION
Immediate cause of death Myocarditis	unknown
Due to Hypertension &	
Chr. Nephritis	20 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Chas E Tumbleson M. D. or other
Address Sandy Spring Md Date signed 6-23-40

RECEIVED
JUL 6 1940
BUREAU V. S.